

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/15/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	July 2, 2013
Date of Injury:	July 9, 2009
IMR Application Received:	July 26, 2013
MAXIMUS Case Number:	CM13-0003721

- 1) **MAXIMUS Federal Services, Inc. has determined the request for 6 individual psychotherapy sessions with a psychologist is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on July 26, 2013 disputing the Utilization Review Denial dated July 2, 2013. A Notice of Assignment and Request for Information was provided to the above parties on August 2, 2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **6 individual psychotherapy sessions with a psychologist is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Expert Reviewer who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychologist and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The Expert Reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and treatments and/or services at issue.

Expert Reviewer Case Summary:

The patient reportedly has had 24 sessions of approved CBT since 8/2012. [REDACTED] gives conflicting information regarding the current status of psychotherapy treatment for the patient. In his report dated 4/15/13, [REDACTED] notes that the patient is currently receiving cognitive behavioral psychotherapy sessions with [REDACTED], which has been beneficial, yet in his report dated 6/14/13, [REDACTED] reports that the patient did receive certification for cognitive behavior psychotherapy sessions and was evaluated by [REDACTED], however, he goes on to state that [REDACTED] is not in the Medical Provider Network and requests an MPN list of psychologists.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for 6 individual psychotherapy sessions with a psychologist:

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the CA MTUS Psychological Treatment, Behavioral interventions, and the ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), pages 23 and 91-92, which is part of the MTUS, and the Official Disability Guidelines (ODG), Psychotherapy Guidelines section and Cognitive Behavioral Therapy section, which are not part of the MTUS.

Rationale for the Decision:

The employee has had extensive psychotherapy and was approved for additional sessions. It is not clear from the documentation how many sessions were approved and how many sessions were attended. The employee has exceeded the maximum number of psychotherapy sessions recommended in the MTUS and ODG guidelines and without more clarity regarding the psychotherapy sessions authorized and attended 6 individual psychotherapy sessions with a psychologist can not be considered medical necessary. **The request for 6 individual psychotherapy sessions with a psychologist is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/amm

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.